



## General

### Guideline Title

Best evidence statement (BEST). Equine facilitated learning for children and adolescents in residential psychiatric care.

### Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). Equine facilitated learning for children and adolescents in residential psychiatric care. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2011 Apr 28. 5 p. [10 references]

### Guideline Status

This is the current release of the guideline.

## Recommendations

### Major Recommendations

The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of the evidence (1a-5) are defined at the end of the "Major Recommendations" field.

It is recommended that an Equine Facilitated Learning Program be conducted with children and adolescents with mental health diagnoses to promote an increase in client's self esteem and improve client/parent satisfaction [Grade of the Body of Evidence: Moderate] (Nimer & Lundahl, 2007 [1a]; Bass, Duchowny, & Llabre, 2009 [2a]; Trotter et al., 2008 [4a]; Schultz, Remick-Barlow, & Robbins, 2007 [4a]; Glazer, Clark, & Stein, 2004 [2b]; Elliott, Funderburk, & Holland, 2008 [2b]; Macauley & Gutierrez, 2004 [4b]; Kaiser et al., 2006 [4b]; Ewing et al., 2007 [4b]).

Note 1: Measuring outcomes in the areas of self esteem, social interactions, communication skills, and relationship skills through participation in an equine facilitated learning program would provide internal evidence (Bass, Duchowny, & Llabre, 2009 [2a]; Trotter et al., 2008 [4a]; Macauley & Gutierrez, 2004 [4b]; Kaiser et al., 2006 [4b]; Schultz, Remick-Barlow, & Robbins, 2007 [4a]; Ewing et al., 2007 [4b]).

Note 2: According to the evidence, it is beneficial to have an equine specialist/expert present at all times with mental health professionals during equine activities to mitigate the risk of injury (Bass, Duchowny, & Llabre, 2009 [2a]; Glazer, Clark, & Stein, 2004 [2b]; Elliott, Funderburk, & Holland, 2008 [2b]; Trotter et al., 2008 [4a]; Macauley & Gutierrez, 2004 [4b]; Schultz, Remick-Barlow, & Robbins, 2007 [4a]; Ewing et al., 2007 [4b]).

#### Definitions:

Table of Evidence Levels

| Quality Level | Definition   |
|---------------|--|
| 1a† or 1b†    | Systematic review, meta-analysis, or meta-synthesis of multiple studies            |
| 2a or 2b      | Best study design for domain   |
| 3a or 3b      | Fair study design for domain   |
| 4a or 4b      | Weak study design for domain   |
| 5             | Other: General review, expert opinion, case report, consensus report, or guideline |

†a = good quality study; b = lesser quality study

Table of Recommendation Strength

| Strength               | Definition  |
|------------------------|---|
| "Strongly recommended" | There is consensus that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations). |
| "Recommended"          | There is consensus that benefits are closely balanced with risks and burdens.                                     |
| No recommendation made | There is lack of consensus to direct development of a recommendation.   |

Dimensions: In determining the strength of a recommendation, the development group makes a considered judgment in a consensus process that incorporates critically appraised evidence, clinical experience, and other dimensions as listed below.

1. Grade of the Body of Evidence (see note above)
2. Safety/Harm
3. Health benefit to patient (direct benefit)
4. Burden to patient of adherence to recommendation (cost, hassle, discomfort, pain, motivation, ability to adhere, time)
5. Cost-effectiveness to healthcare system (balance of cost/savings of resources, staff time, and supplies based on published studies or onsite analysis)
6. Directness (the extent to which the body of evidence directly answers the clinical question [population/problem, intervention, comparison, outcome])
7. Impact on morbidity/mortality or quality of life

## Clinical Algorithm(s)

None provided

## Scope

### Disease/Condition(s)

Children and adolescents with mental health diagnoses

### Guideline Category

Management

## Clinical Specialty

Family Practice

Pediatrics

Psychiatry

Psychology

## Intended Users

Advanced Practice Nurses

Nurses

Physician Assistants

Physicians

Psychologists/Non-physician Behavioral Health Clinicians

## Guideline Objective(s)

To evaluate, among children and adolescents requiring residential psychiatric care, if attendance in an equine facilitated learning program versus non-attendance in an equine facilitated learning program increases client's self-esteem and client/parent satisfaction

## Target Population

Children and adolescents, ages 8-18, with a mental health diagnosis in residential treatment

## Interventions and Practices Considered

Equine facilitated learning program

## Major Outcomes Considered

- Client self-esteem
- Client/parent satisfaction

## Methodology

### Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

### Description of Methods Used to Collect/Select the Evidence

Search Strategy

- Article Search Range: 2004-2009
- Key Words: horse, children, adolescents, mental health, animal assisted therapy, equine, equine therapy, equine facilitated therapy, horse

therapy, therapeutic horseback riding, hippotherapy, self esteem, psychological benefits, equine assisted counseling.

- Limits: English
- Search Databases: PsychInfo, CINAHL, MedLine, PubMed, Cochrane Library, Google Scholar

## Number of Source Documents

Not stated

## Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

## Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

| Quality Level | Definition   |
|---------------|--|
| 1a† or 1b†    | Systematic review, meta-analysis, or meta-synthesis of multiple studies            |
| 2a or 2b      | Best study design for domain   |
| 3a or 3b      | Fair study design for domain   |
| 4a or 4b      | Weak study design for domain   |
| 5             | Other: General review, expert opinion, case report, consensus report, or guideline |

†a = good quality study; b = lesser quality study

## Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review

## Description of the Methods Used to Analyze the Evidence

Not stated

## Methods Used to Formulate the Recommendations

Expert Consensus

## Description of Methods Used to Formulate the Recommendations

Not stated

## Rating Scheme for the Strength of the Recommendations

Table of Recommendation Strength

| Strength               | Definition  |
|------------------------|---|
| "Strongly recommended" | There is consensus that benefits clearly outweigh risks and burdens (or visa-versa for negative recommendations). |
| "Recommended"          | There is consensus that benefits are closely balanced with risks and burdens.                                     |
| No recommendation made | There is lack of consensus to direct development of a recommendation.   |

Dimensions: In determining the strength of a recommendation, the development group makes a considered judgment in a consensus process that incorporates critically appraised evidence, clinical experience, and other dimensions as listed below.

1. Grade of the Body of Evidence (see note above)
2. Safety/Harm
3. Health benefit to patient (direct benefit)
4. Burden to patient of adherence to recommendation (cost, hassle, discomfort, pain, motivation, ability to adhere, time)
5. Cost-effectiveness to healthcare system (balance of cost/savings of resources, staff time, and supplies based on published studies or onsite analysis)
6. Directness (the extent to which the body of evidence directly answers the clinical question [population/problem, intervention, comparison, outcome])
7. Impact on morbidity/mortality or quality of life

## Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

## Method of Guideline Validation

Peer Review

## Description of Method of Guideline Validation

Reviewed against quality criteria by two independent reviewers

## Evidence Supporting the Recommendations

## References Supporting the Recommendations

Bass MM, Duchowny CA, Llabre MM. The effect of therapeutic horseback riding on social functioning in children with autism. *J Autism Dev Disord.* 2009 Sep;39(9):1261-7. [PubMed](#)

Elliott S, Funderburk JA, Holland JM. The impact of the "stirrup some fun" therapeutic horseback riding program: a qualitative investigation. *Am J Recreation Ther.* 2008;7(2):19-28.

Ewing C, MacDonald P, Taylor M, Bowers M. Equine-facilitated learning for youths with severe emotional disorders: a quantitative and qualitative study. *Child Youth Care Forum.* 2007;36(1):59-72.

Glazer HR, Clark MD, Stein DS. The impact of hippotherapy on grieving children. *J Hosp Palliat Nurs*. 2004;6(3):171-5.

Kaiser L, Smith KA, Heleski CR, Spence LJ. Effects of a therapeutic riding program on at-risk and special education children. *J Am Vet Med Assoc*. 2006 Jan 1;228(1):46-52. [PubMed](#)

Macauley BL, Gutierrez KM. The effectiveness of hippotherapy for children with language-learning disabilities. *Comm Disord Q*. 2004;25(4):205.

Nimer J, Lundahl B. Animal-assisted therapy: a meta-analysis. *Anthrozoos*. 2007;20(3):225-38.

Schultz PN, Remick-Barlow GA, Robbins L. Equine-assisted psychotherapy: a mental health promotion/intervention modality for children who have experienced intra-family violence. *Health Soc Care Community*. 2007 May;15(3):265-71. [PubMed](#)

Trotter KS, Chandler CK, Goodwin-Bond D, Casey J. A comparative study of the efficacy of group equine assisted counseling with at-risk children and adolescents. *J Creat Ment Health*. 2008;3(3):254-84.

## Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

## Benefits/Harms of Implementing the Guideline Recommendations

### Potential Benefits

As an adjunct to talk or play therapy, therapeutic riding has been shown to be an effective intervention with clients who have a variety of mental health and behavioral issues. This alternative treatment modality focuses on the areas of self esteem, relationship skills, and communication.

### Potential Harms

There were no studies that indicated or mentioned risks associated with equine facilitated psychotherapy/learning (EFP/L). Although with this type of intervention, there is inherent risk by nature (i.e., being stepped on, kicked, or thrown from horse).

## Qualifying Statements

### Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

## Implementation of the Guideline

## Description of Implementation Strategy

An implementation strategy was not provided.

# Institute of Medicine (IOM) National Healthcare Quality Report Categories

## IOM Care Need

Getting Better

Living with Illness

## IOM Domain

Effectiveness

Patient-centeredness

## Identifying Information and Availability

### Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). Equine facilitated learning for children and adolescents in residential psychiatric care. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2011 Apr 28. 5 p. [10 references]

### Adaptation

Not applicable: The guideline was not adapted from another source.

### Date Released

2011 Apr 28

### Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

### Source(s) of Funding

Cincinnati Children's Hospital Medical Center

### Guideline Committee

Not stated

## Composition of Group That Authored the Guideline

*Group/Team Leader:* Kristi Burger, CTRS, Division of OT/PT/TR in Psychiatry, TRII

*Support Personnel:* Mary Ellen Meier, EBP mentor, MSN, RN, CPN, Center for Professional Excellence, Research and Evidence-Based Practice

## Financial Disclosures/Conflicts of Interest

Not stated

## Guideline Status

This is the current release of the guideline.

## Guideline Availability

Electronic copies: Available from the [Cincinnati Children's Hospital Medical Center](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

## Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Jan. 1 p. Available from the [Cincinnati Children's Hospital Medical Center](#) .
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 1 p. Available from the [Cincinnati Children's Hospital Medical Center](#) .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Feb 29. 1 p. Available from the [Cincinnati Children's Hospital Medical Center](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org).

## Patient Resources

None available

## NGC Status

This NGC summary was completed by ECRI Institute on November 3, 2011.

## Copyright Statement

This NGC summary is based on the original full-text guideline, which is subject to the following copyright restrictions:

Copies of this [Cincinnati Children's Hospital Medical Center \(CCHMC\)](#)  Best Evidence Statement (BEST) are available online and may be distributed by any organization for the global purpose of improving child health outcomes. Examples of approved uses of the BEST include the following:

- Copies may be provided to anyone involved in the organization's process for developing and implementing evidence based care
- Hyperlinks to the CCHMC website may be placed on the organization's website
- The BEST may be adopted or adapted for use within the organization, provided that CCHMC receives appropriate attribution on all written or electronic documents; and
- Copies may be provided to patients and the clinicians who manage their care.

Notification of CCHMC at [EBDMInfo@cchmc.org](mailto:EBDMInfo@cchmc.org) for any BEST adopted, adapted, implemented or hyperlinked by the organization is appreciated.

## Disclaimer

### NGC Disclaimer

The National Guideline Clearinghouse (NGC) does not develop, produce, approve, or endorse the guidelines represented on this site.

All guidelines summarized by NGC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public or private organizations, other government agencies, health care organizations or plans, and similar entities.

Guidelines represented on the NGC Web site are submitted by guideline developers, and are screened solely to determine that they meet the NGC Inclusion Criteria which may be found at <http://www.guideline.gov/about/inclusion-criteria.aspx>.

NGC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or clinical efficacy or effectiveness of the clinical practice guidelines and related materials represented on this site. Moreover, the views and opinions of developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI Institute, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.